

CLAIMS ONLY

Application Number

10 629793

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
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Total Indep. Total Dependent Total Claims	4 16 20					

* May be used for additional claims or amendments

	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
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Total Indep. Total Dependent Total Claims						